

IN THE SUPREME COURT OF THE STATE OF ALASKA

DOCKETING STATEMENT B

**For Use With Petitions for Hearing, Petitions for
Review, and Original Applications and
as a Notice of Intent to File Sentence Petition**

INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS: If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.

(for court system use)

No. _____

1. TYPE OF PETITION

Type of Petition	Court of Appeals or Superior Court Case Number	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
a. <input type="checkbox"/> Petition for Hearing from Court of Appeals				Petition for Rehearing: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> Date of distribution of order denying petition: _____
b. <input type="checkbox"/> Petition for Hearing from Superior Court				
c. <input checked="" type="checkbox"/> Petition for Review <input type="checkbox"/> Notice of Intent to file Sentence Petition	3AN-22-06795	06/24/22	Morse	Motion for Reconsideration: <input checked="" type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> denied by order distribution: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
d. <input type="checkbox"/> Original Application <input type="checkbox"/> from Court of Appeals case No. _____ <input type="checkbox"/> from trial court case. No. _____ <input type="checkbox"/> Other. Explain: _____				Judge _____

2. PETITIONER

a. Name Sunny Guerin, Elizabeth Asisaun Toovak, Vera I.	b. Status in the Trial Court <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Petitioner Mailing Address (not attorney's address) 4299 Old Nenana Highway	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Fairbanks AK 99709	d. Telephone (907) 371-7523

3. PETITIONER'S ATTORNEY

a. Name Mara E. Michaletz	b. Bar Number 0803007
c. Attorney Mailing Address 510 L Street, #700	d. Telephone (907) 276-1550
City State Zip Code Anchorage AK 99501	e. Fax (907) 276-3680
f. Firm/Agency Birch Horton Bittner & Cherot	

4. RESPONDENT

a. Name Kevin Meyer, Gail Fenumiai, State of Alaska, Di	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant
c. Respondent Mailing Address PO Box 110017	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Juneau AK 99811-0017	d. Telephone (907) 465-4611

5. RESPONDENT'S ATTORNEY

a. Name Katherine Demarest	<input type="checkbox"/> Court Apptd	b. Bar Number 1011074
c. Attorney Mailing Address 1031 W. Fourth Avenue, Suite 200	d. Telephone (907) 269-6612	e. Fax (907) 258-4978
City Anchorage	State AK	Zip Code 99501
f. Firm/Agency Department of Law		

6. CONSTITUTIONAL ISSUES

Is the constitutionality of a state statute or regulation at issue in this proceeding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, cite statute or regulation: _____		

7. SENTENCE PETITIONS ONLY

a. <input type="checkbox"/> Excessiveness of the sentence is the ONLY issue.
b. <input type="checkbox"/> A transcript of the sentencing proceeding is requested because Petitioner is indigent. (If petitioner has not been adjudicated indigent by the trial court, a completed, financial statement affidavit form must be attached.)

8. ATTACHMENTS

The following items are submitted with this form (a, b, or c must be check unless this is a notice of intent to file sentence petition):	
a. <input checked="" type="checkbox"/> The original petition for review and SIX copies or	<input type="checkbox"/> petition for hearing from the superior court and SIX copies; OR
b. <input type="checkbox"/> The original petition for hearing from the court of appeals and NINE copies; OR	
c. <input type="checkbox"/> The original application and SIX copies.	
d. <input checked="" type="checkbox"/> A copy of the judgment or order from which relief is sought attached to the original petition and EACH copy.	
e. <input checked="" type="checkbox"/> A \$250 filing fee or	<input type="checkbox"/> a motion to appeal at public expense (financial statement affidavit form must be included).
	<input type="checkbox"/> a motion to waive filing fee (if basis for motion is inability to pay, financial statement affidavit form must be included).
	<input type="checkbox"/> no filing fee is required because appellant is
	<input type="checkbox"/> represented by court-appointed counsel.
	<input type="checkbox"/> the state or an agency thereof.
	<input type="checkbox"/> an employee appealing denial of benefits under AS 23.20 (Employment Security Act)
f. A motion for expedited action	<input checked="" type="checkbox"/> submitted <input type="checkbox"/> not submitted.
g. A motion for stay of trial court proceedings	<input type="checkbox"/> submitted <input type="checkbox"/> not submitted

Date

Signature of Petitioner or Petitioner's Attorney

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this docketing statement and all attachments (except filing fee) were		
mailed	delivered	to All Parties in the trial court (listed)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
Signature: _____		